

## CRITERIA FOR PRIOR AUTHORIZATION

Leuprolide (Lupron®)

**PROVIDER GROUP:** Pharmacy  
Professional

**MANUAL GUIDELINES:** The following drug(s) requires prior authorization:  
Leuprolide (Lupron)

**CRITERIA for central precocious puberty:** (must meet all of the following)

- Patient must be below age 11 for females and age 12 for males.
- Patient must have onset of secondary sexual characteristics before 8 years of age in females and 9 years of age in males.
- Diagnosis of central precocious puberty must be confirmed with both of the following:
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  - Hormone Evaluation:
    - After GnRH or leuprolide administration, a LH (luteinizing hormone) level of > 5 U/L, OR
    - Basal (no stimulation test) serum LH > 5 U/L, OR
    - Basal (no stimulation test) LH > 0.3 U/L using ultra-sensitive assays (chemiluminescence immunoassay)
  - Bone age advanced one year beyond the chronological age.

**CRITERIA for endometriosis:** (must meet all of the following)

- Patient must be between the ages of 18 and 65.
- Patient must have a diagnosis of endometriosis.

**CRITERIA for palliative treatment of advanced prostate cancer:** (must meet all of the following)

- Patient must be 18 years of age or older.
- Patient must have a diagnosis of advanced prostate cancer.

**Note:** Lupron is contraindicated in pregnancy. Initial treatment and retreatment for endometriosis with Lupron should be limited to 6 months.

**Prior Authorization will be approved for 6 (six) months.**